

Refugee Health Assessment Transfer/Outcome Report



(Complete one form per family, for whom a health assessment was NOT completed)

FROM:

Local Health Department:
Contact at LHD:
Phone #:
Date:

TO (specify LHD & contact person): _____

Please select only ONE outcome code per person.

Name: (Last, First, Middle)	Alien #	Outcome	Possible Outcome Codes:
			1=moved out of state (out of MD)
			2=moved to another county
			3=moved to an unknown destination
			4=unable to locate due to invalid contact information
			5=missed appt/no show
			6=was screened elsewhere/unable to obtain results
			7=refused screening
			8=never arrived to Maryland
			9=was located, but numerous attempts to schedule failed
			10=died before screening

If family has relocated, please provide forwarding address and phone#:

If person(s) are unlocatable, please return this form with original health assessment packet to:

Refugee & Migrant Health Program
 MD Dept of Health & Mental Hygiene
 201 W. Preston St., Room 307-A
 Baltimore, MD 21201